

# Injury Follow-up and Communication Form

This form must be completed by the Player's Parent/Guardian when an injury or possible injury occurs, excluding concussion. For concussions the Hockey Canada Concussion Follow-up and Communication form shall be used.



Player Name: \_\_\_\_\_ Date of Injury : \_\_\_ / \_\_\_ / \_\_\_ (YY/MM/DD)

Team Name: \_\_\_\_\_ Level: \_\_\_\_\_ Category: \_\_\_\_\_

Nature of Injury / Symptoms: \_\_\_\_\_ Trainer Name: \_\_\_\_\_

The Player was recommended to received a medical review and/or medical treatment  YES  NO

**NOTE: IT IS IMPORTANT THAT PLAYERS AND PARENTS/GUARDIANS CONSULT WITH THIER ATTENDING PHYSICIAN, FAMILY PHYSICIAN OR MEDICAL PROFEESIONAL\* ABOUT RETURN TO PLAY PROTOCOLS**

<p>A responsible adult such as a Parent/Guardian has been informed of the injury and has taken responsibility for the injured athlete and details of the return to play protocol have been explained.</p>	<p>Date: _____ Initials: _____</p>
<p>The player has had an initial visit with an attending physician, family physician or medical professional* and the Hockey Canada Injury Report has been completed and attached to this form.</p>	<p>Date: _____ Initials: _____</p>
<p>A complete return to light activities of daily living without aggravating symptoms or making symptoms worse and gradual return to physical activity (see Hockey Canada Concussion Card Steps 1-4 attached) up to intense and sport specific exercises (without contact) has been achieved without recurrence of symptoms.</p>	<p>Date: _____ Initials: _____</p>
<p>A <b>medical clearance note</b> has been completed by an attending physician, family physician or medical professional* and return to unrestricted training has been authorized and is attached to this form.</p>	<p>Date: _____ Initials: _____</p>
<p>Participation in a complete unrestricted training session has been achieved without recurrence of symptoms. Return to intense and sport specific exercises has been achieved without recurrence of symptoms. (this step must be completed at least one day prior to return to competition).</p>	<p>Date: _____ Initials: _____</p>
<p>Return to competition is authorized by the Parent/Guardian based on successful completion of <u>all</u> of the above mentioned steps and the return to play protocol.</p>	<p>Date : _____ Initials: _____</p>
<p>The Parent/Guardian have made aware the team staff as to the nature of the injury and have confirmed the information on this form about the recovery process and medical clearance.</p>	<p>Date : _____ Initials: _____</p>
<p>Parent/Guardian Signature _____ Parent/Guardian Printed Name _____</p>	<p>Date: _____</p>

\*Hockey Canada recommends that this be completed by a physician, chiropractor, physiotherapist or nurse practitioner for muscular or skeletal injuries, excluding fractures. Fractures and all neurological injuries including spinal injuries and concussions must be signed off by a physician.